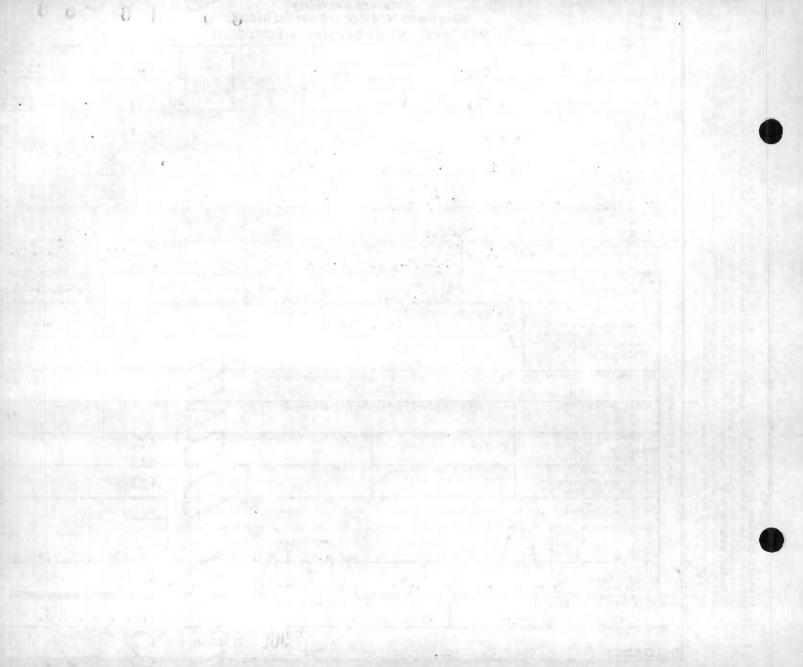
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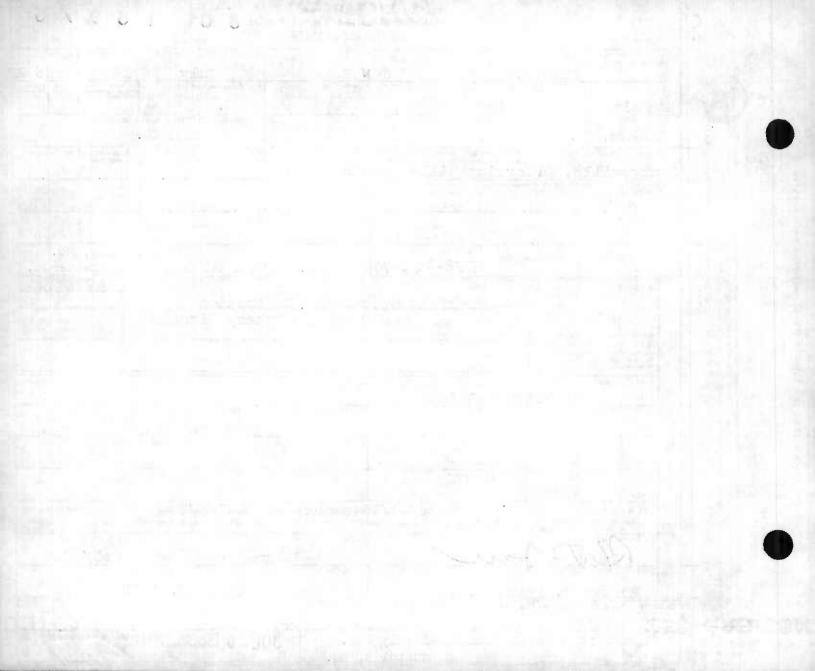
AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21/2018 CERTIFICATE OF DEATH 2b. HOUR 2g. DATE OF DEATH 1. DECEASED-NAME First Middle Last haurs after death. and (Type or print) Anna Mae July Coppage 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR physician and completely filled in by the f lost bighday) Female White May 28.1882 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED attending physician wire wire arban papers. country) Md. U.S.A. WIDOWED T DIVORCED [7] Queen Anne's Co. event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY Sudlersville Dormacillary 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Md. 136 COUNTY NO . Barclay Box #64 and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lake Turner Sarah Elizabeth Jarrell 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) [(If yes give wor or dates of service)] 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 217-54-5614 Charles Coppage, burial, crematian, or remaval, Box #64 .Barclay Md no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. vicio sclastic with Myocardrat DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) of Health priar ta use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? has CAUSES OF DEATH? YES 🗀 D FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceosed from 12/30, 19 8, to 14/4/7, 19 8, that (I) (we) last saw the deceased alive an 10 19 8, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE/SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Dr. Susan Ross .M.D. NAME (Type) Chestertown . Md 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) (County) BEMONAL (Speety) 7-20-80 Sudlersville Cemetery Sudlersville Q.A. 24. FUNERAL DIRECTOR VR A15 (4) Helfenbein-Hubbard Funeral Home, Chester LM2 30M REV, 1/68

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDOLE LAST 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) SHAWN 7, 1980 Gordon 9:50 Lee July IF UNDER 1 YEAR IF UNDER 24 HRS 1 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) HOURS 1897 April 1. Male White TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Queen Anne's Maryland USA WIDOWED [] IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 174 USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY General Centreville Corsica Hills Nursing Center Farmer(retired Farming USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Bloomingdale Farm 13a STATE 136 COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? R.D. #2, Box 441 Maryland Queen Anne's Queenstown NO A 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bell Harry David Shawn Mary ADDREN. D. #2. Box 441 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Wife ( IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 220-34-7578 Mrs. E. Corinne Shawn, Queenstown, Md. 21658 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. a,s. Syeals IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOKOK YES [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive an opinion death occurred on the date and hour and from the causes stated abave () (worldid) (did nat) viewwhe bady after death 22b SIGNATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN TO DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS 22d PHYSIC AN'S NAME (TYPE OF PRINT)

DHMH-16 20M (VRA 15, 4) 7/7B

should b

(SPECIFY)

24 FUNERAL DIRECTOR Barton Bros. James H. Barton, Jr., Centreville, Md. 21617

July 9,1980

John R. Smith. Jr., M.D.

230 BURIAL, CREMATION, REMOVAL 236. DATE

Burial

23c NAME OF CEMETERY OR CREMATORY

ChesterfieldCemetery

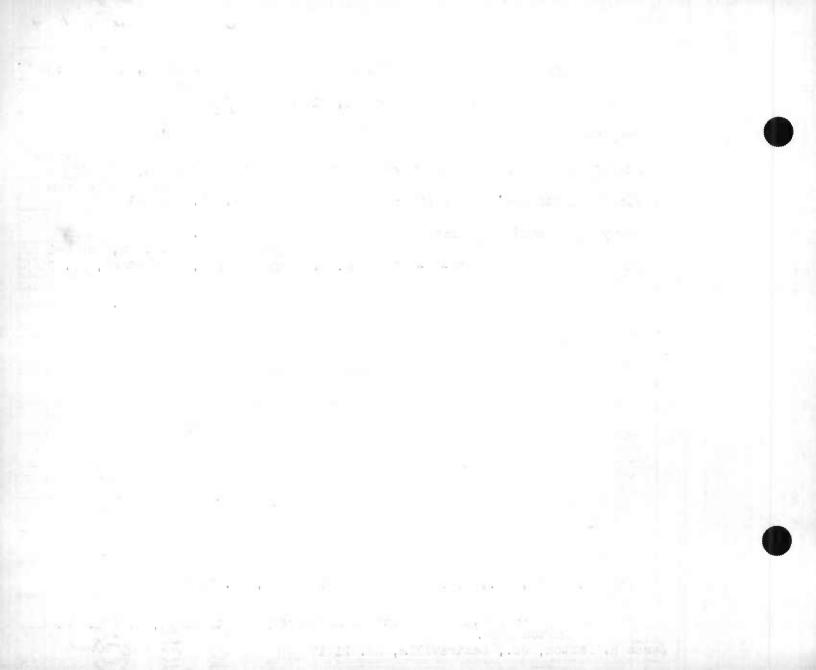
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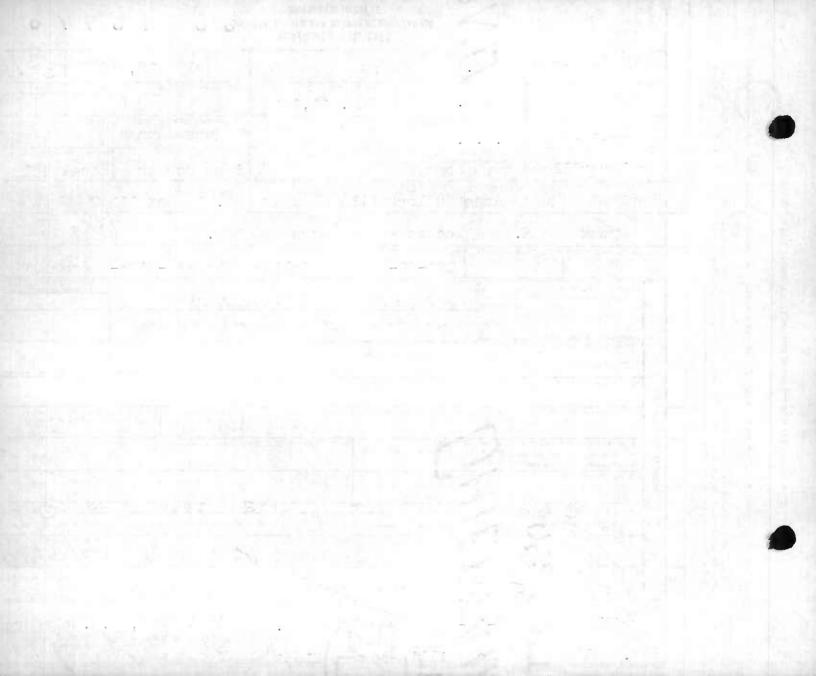
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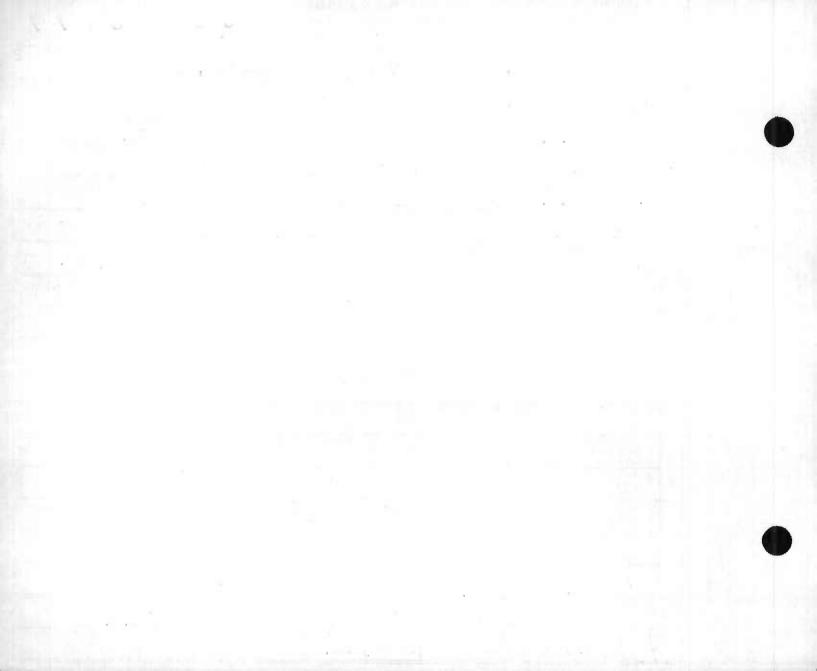
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., B. W. PRESTON ST., B. B. DISTON ST., DE DEN ST., The low requires that the death certificate has been signed by the ottending physics the buriol-transit permit. Then please remove corbon pop. The day Mental Hygiene prior to buriol, cremation, or removanted or tem 18 shows only injury, or other troumotic event,		Conditions, if ony, w gove rise to immed couse (o), sloting	hich (	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE		TK GREIT	+ BLAD	BER		
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DHMH-16 60M 1/73 (VR A 15 (4))		INERAL DIRECTOR LW. Fellow	s an	d Son Milli	ngton	111111	REC'D. BY REGISTRAR	25b. REGISTRA	RSSIGNATI	JRE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Walker Mae DEATH MATED 19 80 Tillian 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE 2d. HOUR AST BIRTHDAY PRONOLINCED 2, AND 3 TO-THE FILL STORES SECOND SECONDS WITHIN 72 RECORDS, 301 W. PRESTON Black Female DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Pa. USA WIDOWED | DIVORCED In CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, SIDE RESIDENCE BY FORE ADMISSION) 1136 COUNTY Phila 13a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Phila, Phila YES E NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Ethel Branch Olivier Walker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS WITH FO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) liss. Michelle Walker Phila. Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ISIT PERMIT. HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ALTH CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO NO E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCHARED (ENTER NATURE OF INJURE IN ITEM 18 PART 1 OF ART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH acute 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY FARM, ETC.) STATE C WHILE AT WORK Inspection X DIRECTOR: I WITH THE S 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Accident death resulted fram: Natural causes Suicide Hamicide \_\_\_ Undetermined manner TO M.
EXECUTE .
PAGE 4 SHC.
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AFTER DEATH, V
`LIMORE, M ACTUAL DATE SIGNATURE EXAMINER'S NAME Smith Jr. M. D. Centreville, (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Para. Feasterville Bucks 1980 White Chapel Cem. Buria. BP\_ 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Chestertown . Md . (VR A15 ME (5)) 15M 7/77